

OFFICE USE ONLY
 Log No. 64082
 Permit No. 101
 Basin 101

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 31207

1. OWNER Dave Akins 2160 Rice Rd ADDRESS AT WELL LOCATION 1175 Golden Parkway Fallon
 MAILING ADDRESS _____

2. LOCATION 1/4 SE 1/4 Sec. 19 T 19 N/S R 29 E Churchill County
 PERMIT NO. _____
 Issued by Water Resources _____ Parcel No. Venteracci Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____
 4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock
 5. WELL TYPE
 Cable Rotary RVC
 Air Other _____

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|-----------------|--------------|------|----|------------|
| Brown Sands | | 0 | 19 | 19 |
| Brown Clay | | 19 | 21 | 2 |
| Brown Sands | | 21 | 30 | 9 |
| Grey Sands | | 30 | 55 | 25 |
| Black silt clay | | 55 | 72 | 17 |
| Grey Sands | | 72 | 81 | 9 |
| Brown clay | | 81 | 82 | 1 |
| Brown Sands | | 82 | 95 | 13 |

8. WELL CONSTRUCTION
 Depth Drilled 95 Feet Depth Cased 95 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 3/4 Inches 0 Feet 50 Feet
6 1/8 Inches 50 Feet 95 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| <u>6 5/8</u> | <u>12.9</u> | <u>1/8</u> | <u>11</u> | <u>95</u> |

Perforations:
 Type perforation Machine cut
 Size perforation 0.80
 From 88 feet to 93 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50' Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 10' 3" feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °F Quality OK

Date started 2-12, 1995
 Date completed 2-13, 1995

7. WELL TEST DATA

| TEST METHOD: | G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|--|-----------|-------------------------------|--------------|
| <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift | <u>25</u> | | <u>1 hr</u> |

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Welsco Corp Contractor
 Address 335 N Broadway Contractor
F. Allen
 Nevada contractor's license number issued by the State Contractor's Board 11752
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1996
 Signed Jesus Malagon
 By driller performing actual drilling on site or contractor
 Date 2-12-95